16:00 6503251203	Micial	FERNANDEZ AND ASSOC	THE STREET WAS AND A PROPERTY OF THE PARTY O	2/g
	5-21-63		PTOS Approved for use through 11/30/2005: OM	29 /81 (
Under the Paperwork Reduction Art of 1	995, no persons aro m	17,	Approved for use through 11 GD2005: OM rademark Office; U.S. DEPARTMENT OF Commation unless it displays a valid OMB cor	CONTRACT
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		Filing Date First Named Inventor	3/29/200	
		Title	- Fernandez	
		Art Unit	Integrated Network for Monitories	Remo
		Examiner Name	30/3	
		Attorney Docket Number	FAM - POOLB	
I hereby appoint:				
			Place Gustome	
Practitioners at Customer Number			Number Ber Coo	
OR			Label here	
Practitioner(s) named below:				
Name				
Name		ſ	Registration Number	
Dennis Fernandez	-	34	160	
Irene Hu		34.		
Peter Su		42.	939	
as my/our attorney(s) or agent(s) to prosen Tradomark Office connected therewith.	ute the application i	dentified above, and to transact (all business in the United States Pater	nt and
Trademan Office Consequent				
Please change the correspondence addres		itilied application to:		
The above-mentioned Customer Nu		itilied application to:		
		itilied application to:		
The above-mentioned Customer Nu		itilied application to:	Place Customer	
The above-mentioned Customer Nu		itilied application to:	Place Customer Number Bar Code Label here	
The above-mentioned Customer Nu OR Practitioners at Customer Number. OR		itilied application to:	Number Bar Code	
The above-mentioned Customer Nu OR Practitioners at Customer Number. OR Firm or		itilied application to:	Number Bar Code	
The above-mentioned Customer Nu OR Practitioners at Customer Number. OR		itilied application to:	Number Bar Code	
The above-mentioned Customer Nu OR Practitioners at Customer Number. OR Firm or Individual Name		itilied application to:	Number Bar Code	
The above-mentioned Customer Nu OR Practitioners at Customer Number. OR Firm or Individual Name Address		Itilied application to:	Number Bar Code	
The above-mentioned Customer Nu OR Practitioners at Customer Number. OR Firm or Individual Name Address Address			Number Bar Code Label here	
The above-mentioned Customer Nu OR Practitioners at Customer Number. OR Firm or Individual Name Address Address City			Number Bar Code Label here	
The above-mentioned Customer Nu OR Practitioners at Customer Number. OR Firm or Individual Name Address Address City Country Telephone Lam the:		State	Number Bar Code Label here	
The above-mentioned Customer Nu OR Practitioners at Customer Number. OR Firm or Individual Name Address City Country Telephone		State	Number Bar Code Label here	
The above-mentioned Customer Nu OR Practitioners at Customer Number. OR Firm or Individual Name Address Address City Country Telephone Lanthe: Applicant/Inventor. Assignce of record of the entire interesting the country of the country.	rmber.	State	Number Bar Code Label here	
The above-mentioned Customer Nu OR Practitioners at Customer Number. OR Firm or Individual Name Address Address City Country Telephone Lamthe: Applicant/Inventor.	rmber.	State	Number Bar Code Label here	
The above-mentioned Customer Nu OR Practitioners at Customer Number. OR Firm or Individual Name Address Address City Country Telephone Lanthe: Applicant/Inventor. Assignce of record of the entire interesting the country of the country.	terost. See 37 CFR is enclosed. (Form F	State	Number Bar Code Label here	
The above-mentioned Customer Nu OR Practitioners at Customer Number. OR Firm or Individual Name Address Address City Country Telephone Lam the: Applicant/Inventor. Assignce of record of the entire individual at the statement under 37 CFR 3.73(b) in	terost. See 37 CFR is enclosed. (Form F	State	Number Bar Code Label here	
The above-mentioned Customer Nu OR Practitioners at Customer Number. OR Firm or Individual Name Address Address City Country Telephone Lam the: Applicant/Inventor. Assignce of record of the entire individual at the statement under 37 CFR 3.73(b) in	terost. See 37 CFR is enclosed. (Form F	State	Number Bar Code Label here	

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an explication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 influxes to complete, including gathering, preparing, and submitting the completed application from in the LEPTO. Time will vary depending upon the individual code. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, cell 1-600-PTO-9199 and select option 2.





PTO/SB/81 (05-03) Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT UF COMMERCE
Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unloss it displays a valid OMB control number. Application Number 09/823,089 Filing Date 3/29/200 First Named Inventor POWER OF ATTORNEY OR Fernandez. atoprated Notworkfor Munitoring Remode Objects **AUTHORIZATION OF AGENT** Art Unit Examiner Name **Alterney Docket Number** Fern -091B I hereby appoint: Place Customer Practitioners at Customer Number Number Bar Code Label here OR Practitioner(s) named below: Name Registration Number Denvaris <u> Temandoz</u> <u>Ivena</u> 625 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Pleass change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Place Customer Practitioners at Customer Number. Number Bar Code Label here Firm or individual Name Address Address City State Zip Country Telephone Fax am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTQ/SB/96). SIGNATURE of Applicant or Assignee of Record Name Signature Date Telephone (650) 325-4599 NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below" forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.